PART B - FEE(S) TRANSMITTAL

Complete and send this form, toget Perswith applicable			or <u>Fax</u>	(571) 273-2885	or Patents ginia 22313-1450	
INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected to maintenance fee notification	rm should be used for trans respondence including the P below or disected otherwise	smitting the ISSUE I atent/advance orders in Plock 1, by (a) sp	FEE and PUBLIC and notification ecifying a new o	CATION FEE (if requ of maintenance fees orrespondence address	nired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sep	should be completed w correspondence address arate "FEE ADDRESS"
	E ADDRESS (Note: Use Block 1 for a		SLLP	nave its own certifica	mailing can only be used fais certificate cannot be used al paper, such as an assignme of mailing or transmission. rtificate of Mailing or Transmission.	smission
2100 TENNSYLVA WASHINGTON I	ZINN MACPEAK AN ANIA AVENUE NW AC 2003 72212	D.SEAS.PLLC		I hereby certify that t States Postal Service addressed to the Ma transmitted to the USI	his Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (571) 273-2885, on the	g deposited with the Unst class mail in an enverabove, or being facsidate indicated below.
2000 P	Street N.	W.				(Depositor's n
Suite 200	>					(Signa
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENT		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
	09/453,526 12/03/1999		HARRY B. SMITH		A7302	2759
FC:25041 FC:2504-LN. TYPE	15.00 OP 700.00 OP SMALL ENTITY	ISSUE FEE		JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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EXAM	INER	ART UNIT	C	ASS-SUBCLASS	7	
GESESSE, TILAHUN		2684		455-135000	J	
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	lence address (or Change of C 22) attached. ion (or "Fee Address" Indica or more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified be	tion form rof a Customer 2 1	or agents OR, alte 2) the name of a egistered attorney registered patentisted, no name with PATENT (print of	single firm (having as or agent) and the nan attorneys or agents. If Il be printed.	a member a 2	& SAMUELS,
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Please check the appropriate 4a. The following fee(s) are a substitution state of the substitution state of the substitution fee (No s	enclosed:	i) 🚨	A check in the ar Payment by cred	t card. Form PTO-203	3 is attached.	credit any overpaymen opy of this form).
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